



**social development**

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Department:  
Social Development  
**REPUBLIC OF SOUTH AFRICA**

**South Africa's inputs to the OHCHR report on children's rights pertaining to the impact of COVID-19 on children and how South Africa mitigated the effects of the pandemic**

**1 December 2020**

## **Introduction**

The onset of the COVID-19 pandemic in South Africa collided with the already existing quadruple burden of disease. The country faces epidemics of HIV and tuberculosis (TB); non-communicable diseases such as hypertension and diabetes; suboptimal maternal and child health; as well as violence and injuries.

On 23 March 2020, South Africa Declared a State of Disaster which allowed the President to institute a National Coronavirus Command Council whose first decision was to introduce a nationwide lockdown as a measure to combat the spread of the Covid-19 coronavirus in South Africa – a three-week nationwide lockdown with severe restrictions on travel and movement, supported by the South African National Defence Force – began from midnight on Thursday, 26 March, to midnight on Thursday, 16 April. Annexure 1 presents the country's 5 lockdown levels and restrictions associated with each.

The President had indicated that more needed to be done to avoid “an enormous catastrophe” among the population. From this hard-level lockdown, restrictions were slowly relaxed which later-on saw children be allowed to go back to school and those in joined custody allowed to move between their parents.

An extraordinary response like this was expected to have an impact on the people and the economy, with vulnerable populations such as children expected to be worse off. The purpose of this high level report is to make input on how the country is attending to the rights of the child during the COVID-19 and it also shares some examples of initiatives that were implemented by the South African Government regarding selected rights that are guaranteed in the country's Constitution.

## **Impact of the COVID-19 on children**

The impact of COVID-19 itself on children in South Africa has been comparatively small. The burden of paediatric COVID-19 disease has been low, in line with reports from countries ahead of the country's epidemic wave. Hospitalisations and death rates have been low among children.

However, children in South Africa face an increased risk of abuse and violence, as a result of the broad ranging impact of COVID-19. During the hard lock-down levels, an alarm was been raised after Childline South Africa reported a more than 36.8% increase in calls for help during August 2020, compared with the same month in 2019. This data coincided with reports from healthcare facilities of a consistent and concerning number of severe injuries among child abuse referrals.

It is notable that the hard-lockdown meant 13 million learners were affected by school closures. Among these, over a million children were without school feeding and 0.9 million households were reported to be severely affected by inadequate access to food. In addition, the nutrition status of 9 million children was compromised without access to school feeding, with risk of acute malnutrition or wasting among these children.

It was further reported that an estimated 2 million poor children did not receive the Child Support Grant prior to COVID-19 due to some exclusion errors or factors, and need to be included in the CSG.

The COVID-19 lockdown measures in South Africa helped to slow the spread of the virus but have also, in some cases, further isolated vulnerable children at home and disrupted prevention and response services. It could be noted how children behind closed doors and away from school face increased risks of abuse and violence. The economic fallout from the virus has also placed additional socio-economic strains on already struggling families. "Parents, families and individuals are understandably facing extreme stress due to the COVID-19 impact.

## *Key sectoral findings for Children*

### *Education*

South Africa has just over 13 million learners: 12.4 million in 23 076 public schools (407 000 teachers) and 632 000 learners in independent schools. One half of public schools have no internet, one quarter have no running water, and over 10% have no perimeter fence and no electricity. Access to education is good but achievement is not: over three quarters of Grade 4 learners do not meet international reading benchmarks (i.e. lack basic reading skills at end of Grade 4), compared to 4% globally. COVID-19 precipitated extended school closures. Re-opening has commenced but has not proceeded smoothly and is not expected to be complete before August at the earliest.

Some schools and learners have maintained online education but data access and home study spaces present a challenge to many learners. Inequalities between schools and between home environments are thus leading to a widening of existing inequalities in access to good education. Higher education has also been affected by these factors. The school nutrition programme has also been disrupted. Education needs support for online learning provision, health and sanitation support, PPE for teachers, water, and curriculum review to enable as much of the year to be salvaged as possible.

### *WASH*

The onset of COVID-19 has brought to the fore systemic weaknesses in delivery of water, sanitation, and hygiene – and children are mostly exposed by these weaknesses. Physical distancing is a major challenge in densely populated areas and there is a high transmission risk where access to water is limited and/or shared toilets are used – schools in such areas also turn to further . In such circumstances, COVID-19 prevention measures are crucial to slow the transmission of the virus from among children and surface-to-person.

Immediate needs to be addressed include the provision of detergents and disinfectants to families sharing the same toilets and to families with COVID-19 cases

at home; to increase the sanitation service coverage and cleaning in priority locations; the continuity of water supply for hygiene in vulnerable communities and schools, strengthening capacity of water and utility providers and provision of critical WASH supplies including PPE and risk communication to frontline workers.

### *Children*

About a third of South Africa's population are children (19.7 million) and about 10% (5.8 million) are under five years old. Child homicide rate is double the global average and just over a third of children live with their parents, although 93% have both parents alive. There are 1.5 million maternal orphans, 150 000 child-headed households and 13 000 children in residential care. Children are thus a highly vulnerable group in South Africa. COVID-19 puts them at risk of malnutrition through household income loss and haltage in the school nutrition programme, diseases of deprivation, interrupted access to vaccination and routine medical services, abuse from caregivers who are themselves under greater stress, and loss of grandparental care where grandparents are caregivers. Migrant and displaced children are at heightened risk. There is a need to continue to make strenuous and concerted actions to ensure access to basic services including (food, clothing, sanitary items, health care, education and recreational activities).

The implementation of interventions recommended in this report include education, to strengthen families and in particular support women-, as female headed households, and to improve food security and nutrition all have particular importance for children, and continued delivery of vaccination programmes is a high priority as well as to guarantee children's safety at all times.

## **SOUTH AFRICA'S GOVERNMENT RESPONSE**

This section sums up high level interventions relating to children in the country during the periods of hard lockdown through to relaxed levels.

### *Protection and Social Inclusion*

South Africa is a higher-middle income country, but over half the population living in poverty (UBPL), making it one of the most unequal countries in the world. Existing social assistance programmes in South Africa are comprehensive and the government has augmented these with a substantial socioeconomic relief package including a COVID-19 Relief Grant of R 350 per month (initially was set at 6 months but was extended to end of 2020); and temporary top-ups to the Foster Child Grant, Care Dependency Grant, and Child Support Grant.

The major coverage gaps at the moment are undocumented children (including foreign children) in all grant categories, 2 million poor children who are South African citizens without birth certificates, and approximately 130 000 babies born during lockdown who have not been able to obtain birth registrations. The Relief Grant which is below the food security line, thus not fully answering the need, but is a huge step in securing other needs. The Child Support top-up was allocated per caregiver rather than in line with the CSG itself which is per beneficiary, i.e. per child. Access to all grants is a challenge, with much of the budget initially allocated being unspent due to system and implementation challenges. The needs, therefore, are: effective implementation; consideration of undocumented groups not currently included; alignment of Relief Grant with food security line; and allocation of Child Support Grant per beneficiary (child) rather than per caregiver.

The South African Social Security Agency is responsible for implementation of the following key socio-economic measures to mitigate the impact of COVID-19.

- The child support grant increased by **R300** per child only in May 2020;
- Top up of other existing grants of **R250** per month from May to October 2020 except for Grant in Aid and CSG

- A COVID-19 Social Relief of Distress to care givers of **R500** per caregiver from June to October 2020
- In addition to the COVID-19 SRD Grants, SASSA paid the top-ups that were introduced in May 2020, and the special COVID-19 Care givers grant to 7.1 million CSG Primary Caregivers

The total budget allocation for the COVID-19 response to forty billion nine hundred fifty-five million rand (**R40 955 billion**).

### *Early Childhood Development*

The government developed a **Standard Operating Procedure (SOP)** for the Prevention, Containment and Management of COVID-19 in **Day-Care Centres** and the SOP also included children with disabilities not enrolled in special schools.

The SOP served to provide guidelines for all administrators on the approved steps that must be taken to prevent the spread of, and manage cases of COVID-19 within the Day-Care Centres in the country. It further provided the health and safety measures that Day-Care Centres must comply with to contain the spread of Coronavirus in Day-Care Centres. e.g. COVID-19 Pre-opening Assessment Tool, Screening and Response Procedures to identify and respond appropriately to children and adults with COVID-19 symptoms and a risk assessment to be used for every child enrolled with the centre, to establish if the child is at higher risk staying at home than attending a Day-care Centre for children with disabilities.

The SOPs guided the **± 820** Day-Care centres to comply with the safety regulations for the re-opening of day-care centres. All staff members at day-care centres for children with disabilities were capacitated with training on the SOP, and the COVID-19 Screening and Response Procedures. The centres were also provided with information material to communicate to parents and caregivers on the new measures that shall be put in place at least seven days prior to the re-opening of the centres.

Similar to Day-Care centres, the **SOP** for the **Protective Workshops** were also drafted with measures that the workshops have to comply with for the re-opening. The

Protective Workshops cater for children and persons with disability who are trained to do activities such as cloths making, craft works, etc.

This SOP were implemented by each province, with provincial officials providing periodic monitoring reports.

### *Education*

Measures relating to right to education

With regards to continued education during the school closure because of lock-down, Multimedia platforms were introduced to support learners during the lockdown period:

- CAPS-aligned learner APPS for Android
- e-Assessment for Grade 12 (was piloted, however due to limited access the pilot results showed that the country was not ready to run formal assessments on an e-platform)
- Grade 12: Audio lessons (distributed via radio frequency & downloadable)
- Grade 12: Video tutorials (distributed via TV and downloadable)
- Grades R-4: Interactive Workbooks
- Lockdown Digital School
- Vodacom e-school (free for learners)

During the time of this report, South Africa was at Alert Level 1 where in Schools have re-opened with all grades back at school albeit under strict regulations (PPE, social distancing, ban of contact sport, etc)

## Food Security

Prior to the outbreak of COVID-19, 8.2 million South Africans lived below the food poverty line and therefore could not purchase or consume enough food to meet their minimum per-capita-per-day energy requirement for adequate health, also commonly referred to as the “extreme” poverty line.

In response to COVID-19 and the lockdown, the Department of Social Development (DSD) shifted its food provision from centre based feeding using the country’s existing network of Community Nutrition and Development Centres (CNDCs) to food parcels distribution as a short-term relief measure. The Department partnered with the Solidarity Fund and SASSA to distribute additional food parcels in partnership with other National Food Relief Organisations. As of May 20th, a total of 788 283 food parcels had been distributed to 3.15 million people across all provinces

While there seems to be a sufficient food supply in South Africa and the government has provided much needed food parcels, there are indications that access to food is a challenge. The table below presents intervention in this regard:

### Total food parcels distribution working with other stakeholders

DEPARTMENT / ENTITY	FOOD PARCELS DISTRIBUTED	ESTIMATED NUMBER OF PEOPLE REACHED (1:5)
Department of Environment, Forestry & Fisheries	1 500	7 500
Solidarity fund through National NPOs	303 500	1 517 500
DSD total	800 968	44 004 840
SASSA SRD	105 000	525 000
<b>GRAND TOTAL FOOD PARCELS</b>	<b>1 210 968</b>	<b>6 054 840</b>

<b>Province</b>	<b>Total Expenditure to date (Rand value)</b>
<b>Eastern Cape</b>	R 5 191 900
<b>Free State</b>	R 40 444 025
<b>Gauteng</b>	R 383 000 000
<b>KwaZulu Natal</b>	R 6 286 890
<b>Limpopo</b>	R 39 176 166
<b>Mpumalanga</b>	R 41 321 200
<b>Northern Cape</b>	R 31 100 662
<b>North West</b>	R 11 804 237
<b>Western Cape</b>	R 23 525 200
<b>TOTAL</b>	<b>R 542 674 114</b>

Although school closures are understandably a necessary measure to prevent the spread of the virus, the lost school meals is compromising the nutrition status of 9 million children who no longer benefit from the National School Nutrition Programme. For many, school meals are the primary source of reliable and nutritious food, and the lack of school meals risks rapidly increasing acute malnutrition or wasting among these children.

In South Africa, 27% of children under 5 are stunted and 10% are severely stunted (height-for-age), a condition reflecting the cumulative effect of chronic malnutrition. In addition, 3% of children are wasted (weight-for-height), a condition reflecting acute or recent nutritional deficits, and 6% of all children are underweight (weight-for-age), considered to be an overall indicator of a population's nutritional health. About 1.4 million children are underweight in the country, of which 56% live in Gauteng, Kwazulu Natal and Eastern Cape.

## *Communication*

When the first case of COVID-19 was reported in the country, very little information was available to inform the public about what the virus is and how the spread could be minimised. In this regard, efforts were made to translate information to local languages and there were also Child friendly information and communication procedures that were followed. The Department of Education led many efforts in this regard in such that it developed a Child friendly guide which was distributed to schools

- Guides are booklets with information about COVID19 (health related)
- Life Orientation subject has a COVID-19 Booklet
- Guides are published in 7 official languages (country has 11 official languages)

Furthermore, a series of short video clips were developed as part of orientation for Learners when returning to schools. These clips were uploaded on the website of the Department of Basic Education and were further disseminated via social media.

Furthermore a TV advert (video – child friendly version) was further run on the South African Broadcasting Corporation which is a free to air broadcast meaning even poor communities would have had a chance to view the advert.

## *Input regarding unintended consequences of steps*

- Increased cases of violence against children
- Lockdown measures have confined people to their homes in the hope of curbing the spread of the virus and saving lives, but this has led to joblessness, poverty and isolation from protective social networks and children have been hugely affected by the worsened household condition.
- The National Command Centre on Gender Based Violence reported increased number of reported cases of violence against children during the months of April and May (period of stricter lockdown in the country). This is in the context whereby country's child homicide rate of 5.5 per 100,000 children is significantly higher than the global average and young children and older adolescent males are at a higher risk. (With the

stricter lockdown, early indications suggest that staying at home and the ban on alcohol reduces risks for this group).

- Lockdown measures may reduce the chances of infection, but children also need responsive caregiving; good health; adequate nutrition; protection from violence and stress; and opportunities to learn. These elements are interdependent and mutually reinforcing and are essential to enable children to thrive and reach their full potential.

## **CONCLUSION**

The potential for severe collateral damage caused by COVID-19 on the usual causes of childhood death and illness is huge. This is because of severe impacts on important child health interventions such as the immunisation programme, the nutrition programme, and the HIV and TB prevention and treatment programmes. Children are not the face of the COVID-19 pandemic. But they risk being among its biggest victims.

South Africa has approved its National Reconstruction and Recovery Plan which includes a strong Child Rights based approach. It is hoped that this plan will take forward the child rights agenda in pursuit of recovery from the consequences of the pandemic.

**Annexure 1: The five levels of lockdown restrictions in South Africa**

## Summary of alert levels

<b>ALERT LEVEL</b> <b>5</b>	<b>ALERT LEVEL</b> <b>4</b>	<b>ALERT LEVEL</b> <b>3</b>	<b>ALERT LEVEL</b> <b>2</b>	<b>ALERT LEVEL</b> <b>1</b>
 <b>OBJECTIVE</b>				
<p>Drastic measures to contain the spread of the virus and save lives.</p>	<p>Extreme precautions to limit community transmission and outbreaks, while allowing some activity to resume.</p>	<p>Restrictions on many activities, including at workplaces and socially, to address a high risk of transmission.</p>	<p>Physical distancing and restrictions on leisure and social activities to prevent a resurgence of the virus.</p>	<p>Most normal activity can resume, with precautions and health guidelines followed at all times.</p> <p>Population prepared for an increase in alert levels if necessary.</p>

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